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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <b>DWE/SLOWSKI</b>	
<b>CLAIMS AS FILED - PART I</b>					<b>SMALL ENTITY OR OTHER THAN SMALL ENTITY</b>	
	(Column 1)	(Column 2)	(Column 3)			
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	
BASIC FEE (37 CFR 1.141(b))					\$ <b>385</b>	OR \$
TOTAL CLAIMS (37 CFR 1.141(c))				x \$	= 0	OR x \$
INDEPENDENT CLAIMS (37 CFR 1.141(d))				x	= 0	OR x
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.141(e))				+	= 0	OR +
* If the difference to column 1 is less than zero, enter "0" in column 2.				<b>TOTAL</b>	<b>385</b>	<b>OR TOTAL</b>
<b>CLAIMS AS AMENDED - PART II</b>					<b>SMALL ENTITY OR OTHER THAN SMALL ENTITY</b>	
	(Column 1)	(Column 2)	(Column 3)			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE ADDITIONAL FEE
Total (37 CFR 1.141(f))	* <b>10</b>	Minus ** <b>20</b>	= -	x \$	= -	OR x \$
Independent (37 CFR 1.141(g))	* <b>2</b>	Minus *** <b>3</b>	= -	x	= -	OR x
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.141(h))				+	= -	OR +
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.				<b>TOTAL</b>	<b>512.00</b>	<b>OR TOTAL</b>
<b>AMENDMENT B</b>					<b>SMALL ENTITY OR OTHER THAN SMALL ENTITY</b>	
	(Column 1)	(Column 2)	(Column 3)			
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE ADDITIONAL FEE
Total (37 CFR 1.141(f))	* <b>9</b>	Minus ** <b>20</b>	= -	x \$	= -	OR x \$
Independent (37 CFR 1.141(g))	* <b>3</b>	Minus *** <b>3</b>	= -	x	= -	OR x
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.141(h))				+	= -	OR +
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.				<b>TOTAL</b>	<b>512.00</b>	<b>OR TOTAL</b>
<b>AMENDMENT C</b>					<b>SMALL ENTITY OR OTHER THAN SMALL ENTITY</b>	
	(Column 1)	(Column 2)	(Column 3)			
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE ADDITIONAL FEE
Total (37 CFR 1.141(f))	*	Minus **	=	x \$	=	OR x \$
Independent (37 CFR 1.141(g))	*	Minus ***	=	x	=	OR x
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.141(h))				+	=	OR +
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.				<b>TOTAL</b>	<b>512.00</b>	<b>OR TOTAL</b>

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**Burden Hour Statement:** This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case.  
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